Care Zone Home Care LLC
101 Towne Square Way, Ste 281
Pittsburgh, PA 15227
TIN: 83-0761172
Provider ID: 103584846-0001

Office: (412) 650-6232
Cell: (412) 352-9049
Fax: (412) 650-8439
Email: evv@czihh.com

MISSED PAS EVV ADJUSTMENT FORM

Employees must notify Care Zone Home Care when a missed clock-in/out occurs by contacting one of the numbers listed above. An EVV Adjustment Form must be completed and submitted within two (2) business days, or late/declined payment may occur. Refer to the attached instruction sheet for all rules and requirements regarding completion and compliance of this form.

DCW Name: _____ **Last 4 SSN:** _____ **DCW Phone:** _____

Participant Name: _____ **Participant Medicaid ID:** _____

Service Location: ☐ Participant's Home ☐ Other: _____

☐ Missed Clock-In ☐ Missed Clock-Out ☐ Missed Clock-In & Out ☐ Missed Duties

Missed Date	Time in	Time Out	Reason/Explanation for EVV Adjustment
Total Hours:			

Please Check the duties performed below:

☐ **Meal Preparation**	☐ **Transfers**	☐ **Oral/Denture Care**
☐ **Feeding/Meal Setup**	☐ **Laundry**	☐ **Incontinence Care**
☐ **Socialization/Companionship**	☐ **Hair Care**	☐ **Medication Reminders**
☐ **Light Housekeeping**	☐ **Scheduling Appointments**	☐ **Nail Care (Routine)**
☐ **Shopping**	☐ **Toileting/Toileting Hygiene**	☐ **Morning Routine**
☐ **Bathing/Showering**	☐ **Dressing Lower**	☐ **Bedtime Routine**
☐ **Telephone/Communication**	☐ **Dressing Upper**	☐ **Fall Prevention**
☐ **Errands/Leisure**	☐ **Grooming/Shaving**	☐ **Make/Change Bed Linens**
☐ **Ambulation/Mobility**	☐ **Supervision/Coaching/Cueing**	☐ **Clean Patient Area**
☐ **Skin Care/Lotion/Ointment**	☐ **Other:**	

DCW Signature: _____ **Date:** _____

Participant Acknowledgement

By signing below, I certify that I received the services documented above on the date and time indicated.

Participant/Representative Signature: _____ **Date:** _____

For Office Use Only

Action Taken: _____

Adjustment Type Verified: In Out In/Out Duties **EVV Corrected:** No Yes

Approved By: _____ **Title:** _____ **Date:** _____